

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nevada

Attachment 4.19-B
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10. Dental services:

- I. Current Dental Terminology (CDT) codes will be reimbursed based on the base units in the "Relative Values for Dentists" publication by Relative Value Studies, Incorporated for the year the specific CDT code was set in the system. Effective July 1, 2013, payment is determined by multiplying the base units by the conversion factor of \$20.50.
- II. Services billed using Current Procedure Terminology (CPT) codes will be calculated using unit values for the Nevada-specific resource based relative value scale (RBRVS) for the year that the specific CPT code was set in the system and the 2002 Medicare Physician Fee Schedule conversion factor. Payment will be the lower of billed charges, or the amounts specified below:
 - a. Surgical codes 10000 – 58999 and 60000 - 69999 will be reimbursed at 100% of the Medicare facility rate.
 - b. Radiology codes 70000 – 79999 will be reimbursed at 100% of the Medicare facility rate.
 - c. Evaluation and Management codes 99201 – 99499 will be reimbursed at 85% of the Medicare non facility rate.

Assurance: State developed fee schedule rates are the same for both public and private providers of the service and the fee schedule and any annual/periodic adjustments to the fee schedule(s) are published on our website: <http://dhcfp.nv.gov/>.